

**BEST AVAILABLE COPY**  
**CLAIMS ONLY**

Application Number

10 668 790

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1				51					
2		1		1			52					
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4		1		1			54					
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43							93					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	1		1				Total Indep					
Total Depend	13		13				Total Depend					
Total Claims	14		14				Total Claims					